

Department of Workforce Development  
Equal Rights Division  
819 N. 6<sup>th</sup> Street Rm 723  
Milwaukee, WI 53203

Telephone: (414) 227-4384  
Fax: (414) 227-4084



Tony Evers, Governor  
Caleb Frostman, Secretary

May 03, 2019

NOTICE OF COMPLAINT  
WISCONSIN FAIR EMPLOYMENT LAW

DANIEL CORREA-OSORIO  
2608 S 7TH ST  
MILWAUKEE WI 53215  
Complainant

vs.

ELITE FINISHING LLC  
3270 S 3RD ST  
MILWAUKEE WI 53207  
Respondent

ERD Case No.: CR201900953  
EEOC Case No: 26G201900756C

**To the Respondent:**

The enclosed complaint alleges a violation of the Wisconsin Fair Employment Act, Wis. Sections 111.31-111.397, Wis. Stats.

If you are interested in exploring early resolution of this dispute, please contact me immediately. The Equal Rights Division offers free mediation services prior to investigation with an experienced Administrative Law Judge/Mediator. Additional information regarding the mediation process can be found on our website at [https://dwd.wisconsin.gov/er/civil\\_rights/discrimination/settlement\\_process.htm](https://dwd.wisconsin.gov/er/civil_rights/discrimination/settlement_process.htm)

If you prefer an investigation, I must receive your written response to the complaint within 30 calendar days of the date of this letter. If you intend to hire an attorney, do so immediately so your answer is received within 30 days. In your response, please:

1. Raise applicable timely filing or jurisdictional objections, such as the 300-day statute of limitations.
2. Respond to the allegations made in the complaint, explain areas of disagreement, and provide any relevant documentation and comparative data that supports your position.
3. Redact any personal information, such as social security numbers and home addresses for any employees referenced in your response.

**Send a copy of your response to the Complainant and the Complainant's attorney, if known.**

**To the Complainant:**

No response is required from you at this time. I will contact you when I need information from you. Your complaint has been cross-filed with the Equal Employment Opportunity Commission (EEOC), which is a federal government agency that investigates discrimination complaints. Please keep me informed if your address or telephone number changes.

Please direct all correspondence and inquiries to:

Leticia Daley, Equal Rights Officer  
819 N 6th St  
ROOM 723  
MILWAUKEE WI 53203-1687

414-227-4316  
leticia.daley@dwd.wisconsin.gov

Enclosure(s)

cc:  
DANIEL CORREA-OSORIO  
2608 S 7TH ST  
MILWAUKEE WI 53215

ELITE FINISHING LLC  
3270 S 3RD ST  
MILWAUKEE WI 53207

EEOC



**Discrimination Complaint**  
**Wisconsin Fair Employment Law**  
Wis. Stat. §§ 111.31-111.395

ERD Case #  
CR

201900953

For office use only

RECEIVED

APR 11 2019

DWD - EQUAL RIGHTS

Authorization for this form is provided under Wis. Stat. § 111.39(1).

Personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. § 15.04(1)(m)].

**READ instructions on page two FIRST then type or print in black ink.**

**1. Complainant Information**

First Name <u>Daniel</u>		
Middle Initial <u>N/A</u>		
Last Name <u>Correa</u>		
Street Address/PO Box <u>2608 S 7th St</u>		
City <u>Milwaukee</u>	State <u>WI</u>	Zip Code <u>53215</u>
Telephone Number <u>(414) 875-0419</u>		
E-Mail Address <u>8750419danny@gmail.com</u>		

**2. Respondent Information**

The <b>company</b> , agency, or union you believe discriminated against you. Name only <b>ONE</b> Respondent per form. <i>Do not name an individual person as Respondent.</i>		
Name <u>Elite Finishing LLC</u>		
Street Address/PO Box <u>3270 S 3rd St</u>		
City <u>Milwaukee</u>	State <u>WI</u>	Zip Code <u>53215</u>
Telephone Number <u>(414) 489-9710</u>		
In what Wisconsin <b>county</b> did the violation take place? <u>Milwaukee</u>		

**3. CHECK ONLY THE BOXES THAT WERE THE REASON FOR DISCRIMINATION**

If you checked a box with an \*, the statement in that box **must** be completed.

I believe the Respondent discriminated or took action against me **because**

<input type="checkbox"/> of my race * which is _____	<input type="checkbox"/> of my age (40 or older) * my date of birth is _____	<input type="checkbox"/> of my marital status * which is _____
<input type="checkbox"/> of my color * which is _____	<input type="checkbox"/> of my conviction record	<input type="checkbox"/> of my military service
<input checked="" type="checkbox"/> of my national origin/ancestry * which is <u>Puerto Rican</u>	<input type="checkbox"/> of my arrest record	<input type="checkbox"/> of my use or nonuse of lawful products
<input type="checkbox"/> of my sex * which is _____	<input type="checkbox"/> of my sexual orientation * which is _____	<input type="checkbox"/> of genetic testing
<input type="checkbox"/> of my pregnancy or maternity	<input type="checkbox"/> of my creed (religion) * which is _____	<input type="checkbox"/> of polygraph testing
<input type="checkbox"/> of my disability * which is _____	<input type="checkbox"/> I declined to attend a meeting or to participate in a communication about religious matters or political matters.	<input type="checkbox"/> I filed a previous <b>discrimination complaint</b> with Equal Rights or testified or assisted with a discrimination complaint. Enter Case # CR _____
<input type="checkbox"/> I opposed discrimination in the workplace (refer to instruction 2(c) on page 2 of this form)		
<input type="checkbox"/> The Respondent printed or circulated, advertised or published a discriminatory statement	<input type="checkbox"/> The Respondent used a discriminatory application or made a discriminatory inquiry about prospective employment	

**4. Dates of discrimination (Required; estimate if unsure)**

Date the discrimination began? mm/dd/yyyy <u>04-22-2013</u>	Date of the most recent discrimination? mm/dd/yyyy <u>03-22-2019</u>
<input checked="" type="checkbox"/> My employment was terminated on <u>3-25-19</u> (if applicable)	

\* This form covers discriminatory actions alleged under §§ 111.322(1), (2), and (3) of the Wisconsin Fair Employment Law. Discriminatory actions alleged under § 111.322(2m) must be filed using form ERD-18359, "Retaliation Complaint."

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##### 5. Statement of discrimination:

Write a brief, concise statement explaining how you were discriminated against. Give the **date** each action occurred and the **name** of the person who took the action. Explain how each action(s) was related to the box (es) you checked in section #3 on page one.

I feel discriminate against by my nationality on 3-22-2019 because my Nationality that is different from the other employee who works in the same department as me and doing the same things I was doing only two employees work in that department, but I am discriminated against because I am Not of the same nationality as the supervisor Jose Lopez and the other employee Victor Orozco who works in the morning shift and both are of the same Nationality and race so I believe that the Supervisor had more preferensia and privilegios for Victor Orozco, than for my pribilegios such as being able to go every days for his son in his schedule of work, take time off to go out of the company to smoke, take your dinner more time than me, also victor orozco have a flexible schedule and many more hours of overtime a better salary for the same work we both do. my nationality is Puerto Rican the Supervisor Jose Lopez and the employee victor Orozco are Mexican and of the same state.

##### 6. Certification and Signature

By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief. I understand that this complaint is an open record and may be provided to the employer or others under the provisions of Wisconsin's Open Records Law.

Signature of Complainant or authorized representative

Date signed



04-11-2019

Please complete Equal Rights Process Information Sheet on Page 4



## 5. Statement of discrimination:

Write a brief, concise statement explaining how you were discriminated against. Give the date each action occurred and the name of the person who took the action. Explain how each action(s) was related to the box (es) you checked in section #3 on page one.

On Friday, March 2019 I was notified that Mrs. Atiya Hasan want to meet with me at 7:30 am I was feel discrimination since the first comment of Jose Lopez at the beginning of the meeting was I prefer that suspend Daniel Correa before Victor Orozco.

2- Chose the last day of the week and I was notified of the meeting less than approximately one hour before the meeting.

3- they Mrs. Atiya Hasan and Jose Lopez they have knowledge that my English is Not my first language and I do not dominate it to perfection as to understand and answer one hundred percent everything. They never asked me for the assistance of a translator.

4- the decision to suspend was based only on the allegations of another employee. the same ones that were discussed without presenting only a proof to support his actions against me.

4- I worked approximately five years for the company. never in 5 years mark my card to go to my break of half and hours I do not believe that nobody did. why and now Mrs. Atiya Hasan tells me in the meeting I had to do it if Nobody do it. why me? only me, that is another thing. I'm feel discriminate

5- the other allegation is that I was leaving the company premises without permission. I have 30 minutes of rest in a 12 hours shift. I do not believe that the company rules say where and when you should take your rest. and if it say No body of the company do it why I had to do it if in 5 years never did. why now.

6- Never before in 6 years of work in Elite Finishing LLC I received a warning I was fired in an unfair manner violation the most basic legal process of a dismissal. I did not commit any crime I just was trying to defend my right. like any other citizen from United States in the way that I could claim a work equipment to protect me from the inhalation of so many dangerous chemical

## 6. Certification and Signature

By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief. I understand that this complaint is an open record and may be provided to the employer or others under the provisions of Wisconsin's Open Records Law.

Signature of Complainant or authorized representative

Date signed

04-08-2019

Please complete Equal Rights Process Information Sheet on Page 4



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**  
**Milwaukee Area Office**

310 West Wisconsin Avenue, Suite 500  
Milwaukee, WI 53203-2292  
Intake Information Group: (800) 669-4000  
Intake Information Group TTY: (800) 669-6820  
Milwaukee Status Line: (866) 408-8075  
Milwaukee Direct Dial: (414) 297-1112  
TTY (414) 297-1115  
FAX (414) 297-4133 & 3146  
Website: [www.eeoc.gov](http://www.eeoc.gov)

**NOTICE TO CHARGING PARTY**

**YOUR CHARGE WAS DUAL-FILED WITH THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) TO PRESERVE YOUR RIGHT TO SUE IN COURT UNDER FEDERAL LAW.**

Your charge with the Wisconsin Equal Rights Division (ERD) has also been filed with the EEOC under one or more of the following federal employment discrimination laws: Title VII of the Civil Rights Act of 1964 (Title VII); the Age Discrimination in Employment Act (ADEA); the Americans with Disabilities Act (ADA); the Equal Pay Act (EPA); or the Genetic Information Nondiscrimination Act (GINA).

Please cooperate with the ERD as they process this charge. The EEOC will not act on the charge until the ERD completes its proceedings. Their final findings and orders may be adopted by the EEOC. They will investigate and resolve the charge under their statute. Under section 1601.76 of the EEOC's regulations, you may ask the EEOC to perform a Substantial Weight Review of their final finding. To obtain this review, a written request must be made to this office within 15 days of receipt of the ERD's final finding on your charge. Otherwise, the EEOC will generally adopt their finding.

**If you wish to file a private lawsuit:**

Under Title VII, the ADA and GINA, the EEOC must issue a Notice of Right to Sue, either at your request or after the EEOC acts on the Agency's finding, before you may file private lawsuit.

A private ADEA lawsuit may be filed at any time 60 days after you filed your charge. There is no need to wait for EEOC or the Agency to complete action before filing suit. However, please note that the right to sue will expire 90 days after you receive notice from EEOC that we have completed action on the charge.

An EPA lawsuit may be brought immediately without waiting for EEOC or the Agency to complete action on the charge. EPA suits must be brought within two years (three years in cases of willful violations) of any alleged underpayment.

**While your charge is pending, please notify EEOC and ERD of any change in your address, or where you can be reached if you have any prolonged absence from home. Your cooperation in this matter is essential.**